

PAST PERFORMANCE QUESTIONNAIRE

FOR SOLICITATION NUMBER _____

Offeror's Name: _____

Name of agency/activity completing questionnaire: _____

Name and title of the person completing questionnaire: _____

Length of time your agency/activity has been involved with the offeror: _____

**SUBMIT PAST PERFORMANCE QUESTIONNAIRE BY ____ Close of business, 28 January, 2004_
TO:**

**NAVSEA, INDIAN HEAD DIVISION
101 Strauss Avenue, Bldg. 1558
Indian Head, MD. 20640-5035
Amanda Bray, Code 1141F
Email address: brayal@ih.navy.mil**

RATING SCALE

Please use the following ratings to answer the questions.

EVALUATION CRITERIA

Excellent- The offeror's performance was consistently superior. The contractual performance was accomplished with minor problems, to which corrective action taken by the contractor was highly effective.

Good- The offeror's performance was better than average. The contractual performance was accomplished with some minor problems to which corrective actions taken by the contractor were effective. They would be willing to do business with the offeror again.

Average- The offeror's performance was adequate. The contractual performance reflects a problem, to which the contractor has not yet identified corrective actions. Consideration would take part in awarding a contract to the offeror again.

Poor- The offeror's performance was entirely inadequate. The contractual performance of the element being assessed contains problems, to which the contractor's corrective actions appear to be or were ineffective. They would not do business with the offeror again under any circumstances.

N/A- The contractual performance of the element being assessed was never a requirement, never an issue, or there is no knowledge of the element in question.

